

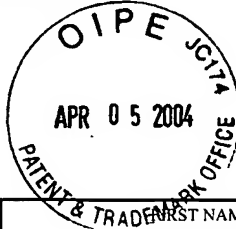
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Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
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21839 7590 03/24/2004

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/680,132	10/08/2003	James R. Ault	033744-002	5092

TITLE OF INVENTION: ECHINACEA PLANT NAMED 'ART'S PRIDE'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$640	\$300	\$940	06/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIZILKAYA, MICHELLE R	1661	PLT-263000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BURNS, DOANE, SWECKER
2 & MATHIS, L.L.P.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHICAGOLAND GROWS, INC.

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☒ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

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(Date)

Benton S. Duffett, Jr., #22,030

APRIL 5, 2004

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04/07/2004 JADD02 00000116 10680132

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